

Russell County Medical Center
Carrol & Tate Streets, Lebanon, VA 24266
276-883-8000

Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 06/07/2013
Discharge Instructions

You have been diagnosed and treated by a specialist in Emergency Medical Care. These discharge instructions have been prepared for you in order that you better understand your condition, and how this condition may affect you now that you have been discharged from our emergency room. Please read these instructions carefully, and do not hesitate to call us if you have any questions.

Your emergency care provider today was: **BAILEY, DWIGHT**

Your primary diagnosis is: Acute Bronchitis

Referred to:

*NONE

Follow up in 5 days

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. You, not Russell County Medical Center, are responsible for arranging and obtaining follow-up care with a doctor or other healthcare provider, which includes making arrangements for payment. If your problem worsens or new symptoms appear and you are unable to arrange prompt follow-up care, call or return to this emergency room.

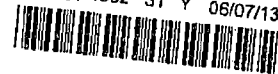
If you had EKG's or X-rays done in the Emergency Department, they will be reviewed by a specialist. If their interpretation is different from the Emergency care provider, you or your physician will be notified.

If you had cultures done, results are usually available within 48-72 hours. If the results indicate a need for re-evaluation or change in treatment, you will be notified.

Your opinion is important to us. A few days after leaving the Emergency Department you may receive a Press Ganey Patient Satisfaction survey in the mail. Please take a moment to complete the survey and return it. We want to hear about the positive things that happened during your Emergency Department visit and also to know where we need to improve our services. Thank you for allowing Russell County Medical Center to serve you and your family.

Survey Grading Scale
Excellent.....5

RCMC CI#: 01074185 MR#: 800116708
PT#: 60052060
MCKEE, SHAWN
DOB: 05 / 08 / 1982 31 Y 06/07/13 19:53
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Discharge Instructions (Pro-MED Clinical Systems, L.L.C.)
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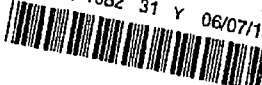
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Very Good.....4
Satisfactory.....3
Unsatisfactory.....2
Poor.....1

Tests and Procedures: Small / Moderate Dsg (NOT BURNS) WOUND TO POSTERIOR RIGHT FIFTH TOE CLEAVED THOROUGHLY WITH NS, PATTED DRY, WOUND C&S COLLECTED, AQUACEL CUT TO FIT AND APPLIED TO WOUND, COVERED WITH 2X2 GAUZE, SECURED WITH TUBULAR ELASTIC DRESSING; Wound Cleaning No sutures; PO Tylenol Other... 975MG; PO Vibramycin 100 mg; IM Toradol 60 mg; Analgesics Custom Med (Manual Entry) NORFLEX 60MG IN RIGHT VENTROGLUTEAL;

New Prescriptions: Vibramycin 100 mg: one pill by mouth twice a day for 10 (ten) days for infection ; Quantity: 20 (twenty) ; Refills: 0(zero) || Lamisil 250 mg: one pill by mouth once daily for 2 weeks for infection ; Quantity: 15 (fifteen) ; Refills: 0 (zero) || Zanaflex 4 mg tablet (scored): Take 1 by mouth q8 as needed for stiffness or spasm ; Quantity: 20 (twenty) ; Refills: 0 (zero) || Toradol 10 mg: 1 (one) by mouth every 6 (six) hours as needed for pain ; Quantity: 20 (twenty) ; Refills: 0(zero)

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BRONCHITIS

BRONCHITIS

WHAT IS BRONCHITIS?

Bronchitis is an inflammation (swelling) of mucus membranes of the bronchial tubes in the lungs. It can be caused by infection, exposure to smoke (cigarette, cigar), air pollution, allergens and chemicals. There are two types of Bronchitis; Acute - sudden onset with a short duration and Chronic - lasting over a long period and recurring over several years.

The symptoms include:

- Cough (with little or no phlegm at first but more later)
- Fever (less than 101 degrees)
- Wheezing
- Chest discomfort

WHAT SHOULD I KNOW AND DO FOR BRONCHITIS?

- DO NOT SMOKE. This is very important.
- Avoid inhaling other irritants or chemicals.
- Avoid being out in damp, rainy, or cool weather.
- Drink lots of fluids (6-8 glasses per day).
- Avoid milk products until you are better.
- Rest as much as possible.
- Take medicines as directed by the doctor.
- Take antibiotics as directed until they are gone.
- Be aware that the cough may last for several weeks.

WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?

- If you are not improving in 3-5 days with treatment.
- If you are getting worse instead of better.
- If you have increased difficulty breathing.

Your condition may benefit from home health services.
Please ask for home health assistance or information.

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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 06/07/2013
Discharge Instructions

ZANAFLEX (Tizanadine)

ZANAFLEX (Tizanadine)

This medicine is prescribed and used as a muscle relaxant, to treat headaches, low back pain, and trigeminal neuralgia (nerve pain).

- Tell your provider if you have any allergies to prescription or over the counter medication, environmental or herbal substances.
- Take this medicine with or without food, but be consistent. Always take with food or always take on an empty stomach.
- If you have been taking this medicine for several weeks, talk with healthcare provider before stopping. You may want to gradually withdraw this medicine. Do not change from capsule to tablet or otherwise,
- If you have any of the following talk with healthcare provider before taking this medication: kidney or liver disease, low blood pressure or fall frequently; if you are pregnant, suspect pregnancy or nursing.
- Most common side effects: Dry mouth, feeling lightheaded, sleepy, having blurred vision, or a change in thinking clearly. Avoid driving, doing other tasks or activities that requires you to be alert or have clear vision until you see how this medicine affects you. If feeling dizzy, rise slowly from sitting or lying position. Be careful climbing. You may need to have your liver enzymes checked by your doctor.
- Call your doctor if: Signs of a life-threatening reaction. These include rash, wheezing; chest tightness; fever; itching; bad cough; blue skin color; swelling of face, lips, tongue, or throat.
- Notify your doctor if you are not improving or have any of the following: Severe belly pain, severe nausea or vomiting, not feeling hungry, dark colored urine or yellow skin or eyes. Severe dizziness or passing out.
- Store at room temperature and protect from light and moisture. Capsules: 2 mg, 4 mg, or 6 mg. Tablets: 2mg; 4mg.

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Discharge Instructions

KETOROLAC

KETOROLAC

COMMON BRAND NAMES OF THIS DRUG INCLUDE: TORADOL.

THIS MEDICINE IS USED TO HELP RELIEVE PAIN AND IN THE TREATMENT OF INFLAMMATION.

- Take exactly as directed. If you miss a dose, take when remembered but not if almost time for the next dose. Do not double doses.
- This medicine may cause drowsiness or dizziness. Avoid driving or other activities that require alertness until response to the medicine is known.
- Avoid use of alcohol, aspirin, ibuprofen, acetaminophen, or other over-the-counter medicines without taking to your doctor or pharmacist.
- Tell your doctor or dentist that you are taking this medicine before other treatment or surgery.
- Call your doctor if you have rash, itching, trouble seeing, weight gain, swelling, black stools, or headache that does not get relieved.
- Possible common side effects are: drowsiness, bleeding in the stomach or intestines, kidney problems, blood abnormalities.
- DO NOT TAKE this medicine if you are allergic to ketorolac, if you have asthma, kidney disease, severe liver disease, ulcer disease or if you are nursing.

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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 06/07/2013
Discharge Instructions

LAMISIL (terbinafine hydrochloride tablets)

LAMISIL (terbinafine hydrochloride tablets)

Lamisil is prescribed for the treatment of fungal infections of the toenail or fingernail.

- Tell your provider of all allergies and use of medications including over-the counter meds, herbals or supplements and any environmental reactions. Lamisil can react with other meds tell your doctor if you are taking coumadin, cimetidine, rifampin or a cyclosporine.
- Tell your doctor if you are pregnant, suspect pregnancy or nursing.
- Prior to starting treatment, appropriate nail specimens for laboratory testing (KOH preparation, fungal culture, or nail biopsy) may be obtained to confirm the diagnosis.
- Tell your doctor if you have chronic or active liver disease. Before taking this medication, pre-existing liver disease should be assessed. Liver enzyme blood tests (ALT and AST) are advised for all patients and will be monitored while you are on this treatment as per your doctor's instructions. Follow-up is essential. Liver toxicity may occur with and without pre-existing liver disease. Report immediately to any symptoms of persistent nausea, anorexia, fatigue, vomiting, right upper abdominal pain or jaundice, (yellowing of the skin or eyes), dark colored urine or pale colored stools. Alcohol use and Lamisil can damage the liver.
- Tell your provider if you have or ever had problems with your immune system or blood work results.
- The use of this medication is not recommended if you have kidney disease, are pregnant or breastfeeding, or for pediatric patients.
- The most commonly reported side effects are gastrointestinal symptoms (including diarrhea, dyspepsia, and belly pain), liver test abnormalities, rashes, hives, itching, and taste disturbances. In general, these are mild, transient, and do not lead to discontinuation. However all side effects should be reported to your physician. Other adverse reactions which have been reported include malaise, fatigue, vomiting, joint and muscle pains, and hair loss. Rare cases of liver failure, some leading to death or liver transplant, have occurred.
- If you feel you may have overdosed this medication, call emergency immediately. The symptoms of overdose included nausea, vomiting, abdominal pain, dizziness, rash, frequent urination, and headac

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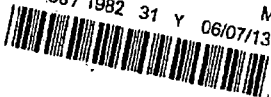


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- Take all of the pills that has been prescribed for you even if you begin to feel better. The symptoms may begin to improve before the infection is completely treated. Take a missed dose as soon as you remember. However, if it is almost time for the next regularly scheduled dose, skip the missed dose and take the next one as directed. Do not take a double dose of this medication.
- Signs of life-threatening reactions include: wheezing, chest tightness, fever, itching, bad cough, blue skin color, rash, swelling of face, lips, tongue, or throat.
- Supplied in 250 mg tablets.

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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 06/07/2013
Discharge Instructions

DOXYCYCLINE

DOXYCYCLINE

COMMON BRAND NAMES OF THIS DRUG INCLUDE: DORYX, VIBRAMYCIN,
VIBRA-TABS.

THIS MEDICINE IS USED TO HELP FIGHT INFECTION.

- Take medicine around the clock and finish the drug completely as directed, even if you feel better.
- Avoid taking milk, antacids, calcium, magnesium-containing medicines, and iron supplements within 1-3 hr of this medicine.
- Sharing of this medication may be dangerous.
- Use sunscreen and protective clothing to prevent reactions to the sun.
- Report the signs of superinfection (black, furry overgrowth on the tongue, vaginal itching or discharge, loose or foul-smelling stools) and allergy.
- Notify your doctor if symptoms do not improve.
- Discard outdated or decomposed medicines, as they may be toxic.
- Possible common side effects are: blood abnormalities, nausea, abdominal pain, vomiting, diarrhea, liver problems, rash, itching and sensitivity to light.
- DO NOT TAKE this medicine if you are allergic to tetracyclines or if you are pregnant.

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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 06/07/2013
Discharge Instructions

VIBRAMYCIN (doxycycline)

VIBRAMYCIN (doxycycline)

THIS MEDICINE IS USED TO HELP FIGHT INFECTION.

- Take medicine around the clock and finish the drug completely as directed, even if you feel better.
- Avoid taking milk, antacids, calcium, magnesium-containing medicines, and iron supplements within 1-3 hr of this medicine.
- Sharing of this medication may be dangerous.
- Use sunscreen and protective clothing to prevent reactions to the sun.
- Report the signs of superinfection (black, furry overgrowth on the tongue, vaginal itching or discharge, loose or foul-smelling stools) and allergy.
- Notify your doctor if symptoms do not improve.
- Discard outdated or decomposed medicines, as they may be toxic.
- Possible common side effects are: blood abnormalities, nausea, abdominal pain, vomiting, diarrhea, liver problems, rash, itching and sensitivity to light.
- DO NOT TAKE this medicine if you are allergic to tetracyclines or if you are pregnant.

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Patient: MCKEE, SHAWN DOB: 6/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 06/07/2013
Discharge Instructions

Illness/Injury & Medicine Topics

BRONCHITIS (English)

ZANAFLEX (Tizanadine) (English)

KETOROLAC (English)

LAMISIL (terbinafine hydrochloride tablets) (English)

DOXYCYCLINE (English)


VIBRAMYCIN (doxycycline) (English)

Tests and Procedures: Small / Moderate Dsg (NOT BURNS) WOUND TO POSTERIOR RIGHT FIFTH TOE CLEAVED THOROUGHLY WITH NS, PATTED DRY, WOUND C&S COLLECTED, AQUACEL CUT TO FIT AND APPLIED TO WOUND, COVERED WITH 2X2 GAUZE, SECURED WITH TUBULAR ELASTIC DRESSING; Wound Cleaning No sutures; PO Tylenol Other... 975MG; IM Toradol 60 mg; Analgesics Custom Med (Manual Entry) NORFLEX 60MG IN RIGHT VENTROGLUTEAL;

New Prescriptions: Vibramycin 100 mg: one pill by mouth twice a day for 10 (ten) days for infection ; Quantity: 20 (twenty) ; Refills: 0(zero) || Lamisil 250 mg: one pill by mouth once daily for 2 weeks for infection ; Quantity: 15 (fifteen) ; Refills: 0 (zero) || Zanaflex 4 mg tablet (scored): Take 1 by mouth q8 as needed for stiffness or spasm ; Quantity: 20 (twenty) ; Refills: 0 (zero) || Toradol 10 mg: 1 (one) by mouth every 6 (six) hours as needed for pain ; Quantity: 20 (twenty) ; Refills: 0(zero)

Referred to:

*NONE

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Follow up in 5 days

Your emergency care provider today was: **BAILEY, DWIGHT**

Your primary diagnosis is: Acute Bronchitis

Acknowledgement

I have received and I understand the instructions as described above.

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Discharge Instructions

Shawn L. Lee
Patient or Guardian

Shawn
Staff

6/7/12
Date

2340
Time

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**ORDER PROCEDURE FORM
PULMONARY EMERGENCIES****Russell County Medical Center**

Name: MCKEE, SHAWN

P#: 60052060

Age: 31YRS DOB: 05/08/1982

Sex: M

MR#: 800116708

Date In: 6/7/2013

Time: _____

EDP: BAILEY, DWIGHT

PCP: *NONE


Laboratory Tests			Other Diagnostic Tests		
Order	Time	By	Order	Time	By
BBC			CXR (PA/LAT - Portable)		
BMP			Spiral CT Chest w/contrast-PE Protocol		
CMP			VQ Scan		
BNP	Blood x1		Cardiopulmonary		
Theophylline Level			EKG		
Cardiac Profile			Nebulizer Treatment		
UA			ABG		
			Peak Flows		
			O2	LPM	
Misc. Orders			Medical Necessity Information:		
Previous Medical Records					
Physical Therapy - Eval & Tx					

Weight:		Allergies: NKDA	
lbs	Kgs		

Order	Time	Medication	Dosage	Route	VO	Read Back	Adm Time	Adm by	Site	Time	Reassessment	Pain	Initials
		Toradol	40	PO							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
		Natrel	60	PO							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
		tylenol	1000mg	PO							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
		Vibramycin	1000mg	PO							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		
		Lasix	20mg	PO							<input type="checkbox"/> Improved <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged		

Order	Time	IV Solution	Added Medication	Start Time	Device	Size	Location	Attempts	Amount	Start by	D/C Time	Am Infused	D/C by
		<input type="checkbox"/> KVO Device:											
		<input type="checkbox"/> IV Fluid:											

Procedures / Nursing Assistance	
<input type="checkbox"/> Cardiac Monitor Rate _____ Rhythm _____	<input type="checkbox"/> Chest Tube Insertion
<input type="checkbox"/> NIBP Monitor	<input type="checkbox"/> Central Line Placement
<input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> CVP Monitoring
<input type="checkbox"/> Endotracheal Intubation	<input type="checkbox"/> O2

Discharge Instructions	
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Initials/Signature:	Initials/Signature:
PA/ARNP:	Physician Signature:

Rev. 09/14/04

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ACME MCKEE, SHAWN, Enc #60052060 EMR 6/7/2013 Russell County Medical Center
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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: DLB 06/07/2013 20:38

MCKEE, SHAWN is a 31 year old M that presented to the Emergency Department at 19:54 by AMB-POV. The patient was triaged at 20:15 with the following vital signs: T: 102.8 T, P: 136 regular, R: 26 unlabored, BP: 157/107, SPO2: 97 Amt:RA, Pain: 8 upper back. The patient's primary care physician is *NONE.

Chief Complaint -- SHORTNESS OF BREATH--HX OF ASTHMA/COPD

Exam Time: 20:33.

History obtained from: patient, spouse.

History limited by: N/A.

Onset of symptoms was 1 day(s) ago. Symptoms came on gradually.

Symptoms are present and increased from onset.

Patient states symptoms are of moderate intensity. Patient admits to shortness of breath while at rest.

Symptoms exacerbated by movement.

Symptoms relieved by nothing.

Associated signs and symptoms: positive chest pain, positive chills, positive chest congestion, positive dyspnea, positive fever, positive myalgias, positive nausea, positive vomiting, negative hemoptysis, negative post nasal drip, negative sore throat, negative sinus pain/pressure, negative wheezing, post.

REVIEW OF SYSTEMS: DLB 06/07/2013 20:39

Constitutional: positive chills, positive fever.

ENT: negative difficulty swallowing.

Eyes: negative blurry vision.

Cardiovascular: positive chest pain.

Respiratory: positive shortness of breath, positive cough, positive congestion.

Gastrointestinal: negative abdominal Pain.

Genitourinary: negative dark urine.

Musculoskeletal: negative extremity pain.

Neurological: negative altered mental status.

Psychological: negative agitated.

Endocrine: negative polyuria.

Integument: negative lesions.

PAST MEDICAL AND SURGICAL HISTORY: DLB 06/07/2013 20:40

Past Medical History: positive DENIES.

Tetanus-Status: under 5 ye.

Past Medical and Surgical histories reviewed.

Physician Documentation (Pro-MED Clinical Systems, L.L.C.)
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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

FAMILY AND SOCIAL HISTORIES, ALLERGIES AND MEDS: DLB 06/07/2013 20:40

Allergies: NKDA

Medications: DENIES

Family History: positive Diabetes Mellitus, positive HTN.

Social history is negative for alcohol and tobacco use.

PHYSICAL EXAMINATION: DLB 06/07/2013 20:40

General: Vital signs noted.

HEENT: HEENT WNL. No evidence trauma.

Neck: Appears normal with no JVD present. Neck is supple with no bony tenderness or palpable adenopathy.

Chest: post mid chest

Respiratory: No respiratory distress. Lungs clear with equal breath sounds bilaterally.

Cardiovascular: PMI normal. RRR. S1, S2 normal with no murmurs, clicks, gallops or rubs. All distal pulses 2+ and symmetric.

Abdomen: Bowel sounds are normoactive. Abdomen is soft, flat, non-tender, without organomegaly or palpable mass.

Musculoskeletal/Extremity: Normal joint range of motion; no swelling or deformities. Negative cyanosis, clubbing or edema.

Skin: Skin is warm and dry with normal turgor, without lesions or rashes. tinea pedis r foot, erythema dorsum r foot

Neurologic: Alert and oriented to person, place and time. Cranial nerves 2-12 grossly intact. No motor or sensory deficits.

DIAGNOSTIC TEST RESULTS: DLB 06/07/2013 21:26**Radiology:**

X-Ray: Interpretation by Emergency Department Physician. Chest X-Ray AP Portable View -- No acute disease. **Ultrasound:** Non-Invasive Doppler Blood Flow -- Normal study with no evidence of thromboembolic disease.

LABORATORY: (Refer to the laboratory submitted results report for units of concentration and reference values.)

Abnormal laboratory results:

Glucose	134
WBC	10.8

CLINICAL IMPRESSION: DLB 06/07/2013 23:18

1. Acute Bronchitis
2. Cellulitis, Tinea Pedis

Physician Documentation (Pro-MED Clinical Systems, L.L.C.)
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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

DISPOSITION: DLB 06/07/2013 23:19

Disposition: Patient discharged to home.

Condition: Improved.

Certified Med Emerg: Patient's condition represents a certified medical emergency. Disposition date/time: 06/07/2013 23:20.

Discussed care with patient and family. Explained findings, diagnosis, and need for follow-up care.

INSTRUCTIONS: DLB 06/07/2013 23:20

Patient has received printed discharge instructions. Discharge plans discussed with patient who verbalizes understanding and willingness to comply. Prescription(s) written for: Vibramycin 100 mg: one pill by mouth twice a day for 10 (ten) days for infection ; Quantity: 20 (twenty) ; Refills: 0(zero) || Lamisil 250 mg: one pill by mouth once daily for 2 weeks for infection ; Quantity: 15 (fifteen) ; Refills: 0 (zero) || Zanaflex 4 mg tablet (scored): Take 1 by mouth q8 as needed for stiffness or spasm ; Quantity: 20 (twenty) ; Refills: 0 (zero) || Toradol 10 mg: 1 (one) by mouth every 6 (six) hours as needed for pain ; Quantity: 20 (twenty) ; Refills: 0(zero).

Patient agrees to follow up with *NONE. Instructed to obtain follow up care in five days.

Patient agrees to return to Emergency Department immediately if symptoms worsen or fail to improve.

PHYSICIAN ORDERS

(1) IM Toradol 60 mg [DLB] ordered at 6/7/2013 20:49 [by: TC1, Transcribed]

(1) Analgesics Custom Med (Manual Entry) NORFLEX 60MG IN RIGHT VENTROGLUTEAL [DLB] ordered at 6/7/2013 20:50 [by: TC1, Transcribed]

(1) PO Tylenol Other... 975MG [DLB] ordered at 6/7/2013 20:51 [by: TC1, Transcribed]

(1) Small / Moderate Dsg (NOT BURNS) WOUND TO POSTERIOR RIGHT FIFTH TOE CLEAVED THOROUGHLY WITH NS, PATTED DRY, WOUND C&S COLLECTED, AQUACEL CUT TO FIT AND APPLIED TO WOUND, COVERED WITH 2X2 GAUZE, SECURED WITH TUBULAR ELASTIC DRESSING [DLB] ordered at 6/7/2013 22:00 [by: AMV, Transcribed]

(1) Wound Cleaning No sutures [DLB] ordered at 6/7/2013 22:00 [by: AMV, Transcribed]

DWIGHT BAILEY L All text in this document clearly marked by DLB has been authored and legally signed by use of electronic device. 06/07/2013 23:24

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INITIAL ASSESSMENT FORM

Russell County Medical Center

PRIORITY: **3** Patient: **MCKEE, SHAWN** Pt#: 60052060
Urgent DOB: 05/08/1982 AGE: 31YRS Sex: M MR#: 800116708
 EDP: BAILEY, DWIGHT
 DATE: 06/07/2013 PCP: *NONE Worker's Comp:
 Emp. Referred:

Presentation Time: 19:54 Triage Time: 20:15 Arrival Mode: AMB-POV
 Height: 6' 1" Weight: lbs. kgs. LMP: Last Tetanus: under 5 ya Acc By: FAMILY
 Chief Complaint: SHORTNESS OF BREATH--HX OF ASTHMA/COPD
 Brief Assessment: PATIENT COMPLAINS OF COUGH X 2 DAYS WITH FEVER, SOB, VOMITING WITH COUGH. PATIENT STATES THAT HE HAS HX OF SEASONAL ALLERGIES AND ASTHMA. STATES DAUGHTER SLEPT WITH KNEES IN HIS BACK AND HAS PAIN IN UPPER BACK THAT "RESTRICTS" HIS BREATHING
 NIGHT SWEATS NO HEMOPTYSIS NO
 WEIGHT LOSS NO FEVER YES
 ANOREXIA NO
 ABUSE NO
 PNEUMONIA VACCINE NO
 INFLUENZA VACCINE NO
 FALL RISK NO
 SMOKER NO
 PRODUCTIVE COUGH YES
 FEVER YES
 HX OF ASTHMA YES
 HX OF COPD NO
 TAKING PRESCRIBED MEDS NO
 Vital Signs
 T: 102.8 T
 P: 136 regular
 R: 26 unlabored
 BP: 157/107
 O2: 97 % RA
 Pain Intensity Scale: 8 / 10
 Pain Location: upper back

Sudden Onset:
 Pre-Hospital Treatment: MOTIRN/NYQUIL
 Pediatric Assessment: N/A
 Past Medical History: DENIES

Allergies: NKDA-

Medicines: DENIES.

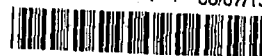
Nurse Signature:  TC1

Additional Notes:

RCMC CH#: 01074185 MR#: 800116708
 PT#: 60052060

MCKEE, SHAWN

DOB: 05 / 08 / 1982 31 Y 06/07/13 19:53



Rev 05/18/04

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MCKEE, SHAWN, Enc #60052060 EMR 6/7/2013 Russell County Medical Center
Carroll & Tate Streets, Lebanon, VA 24266
276-883-8000

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Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

2200-PATIENT STATES THAT HIS TOE BEGAN HURTING THREE DAYS AGO, STATES THAT HE HAS BEEN SOAKING FOOT QID IN EPSON SALT AND APPLYING PEROXIDE, CELLULITIS NOTED TO RIGHT LATERAL / ANTERIOR FOOT [AMV: 06/07/2013 22:06]

Adult Assessment 06/07/2013 20:51 TC1

Room Assignment: Patient assigned to room 6. Patient arrived in room ambulatory. Patient moved to room at 20:15. Time of primary assessment: 20:15.

Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.

Safety: Bedrails are in the upright position to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position. Bedrails are up to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position.

Neurological: Alert, oriented to person, place and time. Glasgow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.

Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.

Respiratory: Airway is patent. Respiratory effort is mildly labored. Lung sounds by auscultation reveal clear breath sounds. The patient has a productive cough and with yellow-colored sputum, WHITE. Pulse oximetry attached to patient with a reading of 97.

Pain: Patient rates pain as 8 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the upper back. Onset of pain was 1-2 days ago. Patient describes the pain as constant, aching. Pain is exacerbated by activity, movement, position. Pain is improved or comfort is provided by rest.

Reassessment: 06/07/2013 22:51 TC1

Brief Reassessment: The patient was reassessed at 22:51. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry.

Reassessment: 06/08/2013 05:04 TNS

Adult Reassessment -

Time: The patient was reassessed at 22:30.

Safety: Bedrails are up to protect patient from fall. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position.

Neurological: The patient is alert and oriented times 3 (person, place & time).

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MCKEE, SHAWN, Enc #60052060 EMR 6/7/2013 Russell County Medical Center
Carrol & Tate Streets, Lebanon, VA 24266
276-883-8000

Patient: MCKEE, SHAWN DOB: 5/8/1982 Patient #: 60052060 MRN: 800116708 Date In: 6/7/2013

Treatments 06/07/2013 20:51 TC1

PO Tylenol Other... 975MG initiated at 06/07/2013 20:51 by TC1. [Transcribed][DLB]:

IM Toradol 60 mg initiated at 06/07/2013 20:50 by TC1. [Transcribed][DLB]:

Analgesics Custom Med (Manual Entry) NORFLEX 60MG IN RIGHT VENTROGLUTEAL initiated at 06/07/2013 20:50 by TC1. [Transcribed][DLB]:

Small / Moderate Dsg (NOT BURNS) WOUND TO POSTERIOR RIGHT FIFTH TOE
CLEASED THOROUGHLY WITH NS, PATTED DRY, WOUND C&S COLLECTED,
AQUACEL CUT TO FIT AND APPLIED TO WOUND, COVERED WITH 2X2 GAUZE,
SECURED WITH TUBULAR ELASTIC DRESSING initiated at 06/07/2013 22:00 by AMV.
[Transcribed][DLB]:

Wound Cleaning No sutures initiated at 06/07/2013 22:00 by AMV. [Transcribed][DLB]:

PO Vibramycin 100 mg initiated at 06/07/2013 23:30 by TNS. [Transcribed][DLB]:

Disposition 06/08/2013 05:06 TNS

Discharge: Patient left the department at 06/07/2013 23:30. Patient's disposition is: DISCHARGED.
Discharge instructions were given to the patient. The patient verbalizes understanding of the discharge
instructions. The condition at discharge is stable. Belongings taken by the patient. Extending teaching
was moderate, focused on follow-up procedures. Pain has improved. T: 100.0 T, P: 109, R: 18, O2 Sat:
97, BP: 140/088, pain level is 4 on a 1-10 scale - multiple areas.

ANGELA VANOVER RN _____

TRACY STEVENS RN All text in this document clearly marked by TNS has been authored and
legally signed by use of electronic device. 06/08/2013 05:13

TRAVIS CALHOUN RN _____

Nurse Documentation (Pro-MED Clinical Systems, L.L.C.)
Printed on: 06/08/2013 05:13
Page 2 of 2

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RUSSELL COUNTY MEDICAL CENTER

58 Carroll Street PO Box 3600 Lebanon, VA 24266
Phone: (276) 883-8230 Fax: (276) 883-8235
David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: **MCKEE, SHAWN**

DOB: 05/08/1982

Age: 31

Sex: M

Attending Dr.: **BAILEY, DWIGHT L**

Patient Location: **EMERGENCY ROOM**

M.R.N: R800116708

Room:

Bed:

Encounter#: R60052060

COLLECTED	06/07/13 20:46	REF RANGE
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General Chemistry

Glucose	134	H	70-99 mg/dL
Sodium	137		136-145 mmol/L
Potassium	3.9		3.5-5.1 mmol/L
Chloride	101		98-107 mmol/L
CO2	28		22-32 mmol/L
Osmolality, Calculated	276		266-293 mosm/L
Anion Gap	8		5-15 mmol/L
Calcium	8.8		8.6-10.0 mg/dL
Calcium (corrected for albumin)	9.0		8.5-10.5 mg/dL
BUN	12		6-20 mg/dL
Creatinine	1.26		0.90-1.30 mg/dL
BUN/Creatinine Ratio	10		RATIO
eGFR Non African American	75		>60 ml/min/SA
eGFR African American	87	M1	>60 ml/min/SA

M1 Estimated GFR (eGFR) calculation was changed to the CKD-EPI equation on 06/03/13, per recommendations of National Kidney Foundation (<http://www.kidney.org/>). Results should be interpreted with caution in situations that predispose to inaccuracies of the eGFR, including non-steady state creatinine (acute kidney injury), extremes of muscle mass/body size, high protein diets/supplement use, dialysis, loss of extracellular fluid, drugs interfering with renal tubular secretion (eg cimetidine, trimethoprim) or gut creatinase activity (antibiotics), and analytic interferences related to altered metabolites (glucose, ketones, bilirubin) or drugs. This equation has been validated using predominantly US/European black and white populations; accuracy in other races/ethnicities is not well defined.

2013 KDIGO eGFR categories:

G1	Normal or high	=90
G2	Mildly decr	60-89
G3a	Mild-Mod decr	45-59
G3b	Mod-Severe decr	30-44
G4	Severe decr	15-29
G5	Kidney failure	<15

These categories should be correlated with other clinical findings and urine albumin assessment.

Total Protein	8.0		6.4-8.3 g/dL
Albumin	3.8		3.5-5.2 g/dL
AST	20		15-41 IU/L
ALT	43		17-63 IU/L
Alkaline Phosphatase	52		32-92 IU/L
Bilirubin, Total	1.4	H	0.3-1.2 mg/dL

KEY FOR RESULTS:

LAB: L- LOW, H- HIGH, CL- CRITICAL LOW, CH - CRITICAL HIGH

MIC: *- NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET

Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCSH F=FWCH G=JCCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

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Discharge Report

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MSHA>Multi>CRC1

**RUSSELL COUNTY MEDICAL CENTER**

58 Carroll Street PO Box 3600 Lebanon, VA 24266

Phone: (276) 883-8230 Fax: (276) 883-8235

David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: **MCKEE, SHAWN**

DOB: 05/08/1982

Age: 31

Sex: M

Attending Dr.: **BAILEY, DWIGHT L**Patient Location: **EMERGENCY ROOM**

M.R.N: R800116708

Room:

Bed:

Encounter#: R60052060

COLLECTED	06/07/13 20:46	REF RANGE
-----------	----------------	-----------

Automated Hematology

WBC	10.8	H	5.0-10.2 K/uL
RBC	5.14		4.20-5.60 M/uL
HGB	15.9		13.5-17.5 g/dL
HCT	46.1		38.0-50.0 %
MCV	89.7		80.0-100.0 fL
MCH	30.8		26.0-34.0 pg
MCHC	34.4		31.0-37.0 g/dL
RDW	12.9		12.0-15.0 %
Platelet Count	186		150-450 K/uL
MPV	9.2		7.4-10.4 fL

Differential

Neutrophils	77	H	45-75 %
Lymphocytes	11	L	20-50 %
Monocytes	11	H	0-8 %
Eosinophils	1		0-5 %
Basophils	1		0-2 %

Absolute Cell Count

Absolute Neutrophils (including precursors)	8.2	H	1.5-7.0 K/uL
Absolute Lymphocytes	1.2		0.8-4.0 K/uL
Absolute Monocytes	1.2	H	0.0-0.9 K/uL
Absolute Eosinophils	0.1		0.0-0.6 K/uL
Absolute Basophils	0.1		0.0-0.2 K/uL

COLLECTED	06/07/13 20:46	REF RANGE
-----------	----------------	-----------

Coagulation

D Dimer	619	H M1	<230 ng/mL (DDU)
---------	-----	--	------------------

M1 This D-dimer assay is approved for use in conjunction with clinical scoring systems to exclude venous thromboembolism in outpatients with suspected DVT or PE. In outpatients with a low or moderate probability of DVT or PE, the manufacturer's recommended cut off 230 ng/mL (DDU) has been shown to be highly sensitive (up to 100%, CI 89-100%) for the identification of patients with DVT/PE and also has a high negative predictive value (up to 100%, CI 95-100%) source-manufacturer's data. False negatives rarely occur. False positives are seen with numerous conditions in which there

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Discharge Report

Page 2 of 3

MSHA>Multi>CRC1



RUSSELL COUNTY MEDICAL CENTER

58 Carroll Street PO Box 3600 Lebanon, VA 24266

Phone: (276) 883-8230 Fax: (276) 883-8235

David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: **MCKEE, SHAWN**

DOB: 05/08/1982

Age: 31

Sex: M

Attending Dr.: BAILEY, DWIGHT L

Patient Location: EMERGENCY ROOM

M.R.N: R800116708

Room:

Bed:

Encounter#: R60052060

COLLECTED	06/07/13 20:46	REF RANGE
-----------	----------------	-----------

Coagulation

is activation of coagulation. Correlate with other clinical and radiologic data.

KEY FOR RESULTS:

LAB: L- LOW, H -HIGH, CL - CRITICAL LOW, CH - CRITICAL HIGH

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Discharge Report

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MSHA>Mtd>CRC1

**RUSSELL COUNTY MEDICAL CENTER**

58 Carroll Street PO Box 3600 Lebanon, VA 24266

Phone: (276) 883-8230 Fax: (276) 883-8235

David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: **MCKEE, SHAWN**

DOB: 05/08/1982

Age: 31

Sex: M

Attending Dr.: **BAILEY, DWIGHT L**Patient Location: **EMERGENCY ROOM**

M.R.N: R800116708

Room:

Bed:

Encounter#: R60052060

MICROBIOLOGYSource & Site: **Wound Toe, Right**
Order #: 500705714

Collected: 06/07/13 22:00

Performing

Received: 06/08/13 16:29

Site:

Culture, Wound*** FINAL****Completed: 06/12/13 09:42****J****Many (4+) Staphylococcus aureus****Rare (1+) Candida parapsilosis**

	<i>S.aureus</i>	
	MIC	INTRP
ANTIBIOTICS		
Penicillin-G	>=0.5	R
Cilindamycin	<=0.25	S
Erythromycin	>=8	R
Gentamicin	<=0.5	S
Induced Cilindamycin Resistance	Neg	-
Oxacillin	0.5	S
Rifampin	<=0.5	S
Tetracycline	<=1	S
Trimethoprim/Sulfa	<=10	S
Vancomycin	1	S
Amoxicillin/CA		S
Cefaclor		S
Cefuroxime		S
Cefotaxime		S
Ceftriaxone		S
Clarithromycin		R

S=SUSCEPTIBLE I=INTERMEDIATE R=RESISTANT NS=NOT SUSCEPTIBLE

Stain, Gram**FINAL****Completed: 06/08/13 16:58****Rare (1+) WBC's****Rare (1+) Gram positive cocci****KEY FOR RESULTS:**

LAB: L- LOW, H- HIGH, CL- CRITICAL LOW, CH- CRITICAL HIGH

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Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCCH F=FWCH G=JCCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

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Discharge Report

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MSHA-Multi-CRC1



RUSSELL COUNTY MEDICAL CENTER

58 Carroll Street PO Box 3600 Lebanon, VA 24266
Phone: (276) 883-8230 Fax: (276) 883-8235
David A. Sibley, M.D. Laboratory Director, CLIA ID# 49D0232283

Patient: **MCKEE, SHAWN**

DOB: 05/08/1982

Age: 31

Sex: M

Attending Dr.: **BAILEY, DWIGHT L**

Patient Location: **EMERGENCY ROOM**

M.R.N: R800116708

Room:

Bed:

Encounter#: R60052060

Source & Site: **Blood Peripheral**
Order #: 500705450

Collected: 06/07/13 20:46

Performing

Received: 06/08/13 16:29

Site:

Culture, Blood

FINAL

Completed: 06/11/13 08:43

J

Gram Stain: Gram Positive Cocci;

Results called to:(Cindy Baker, RCMC Lab)

Date (06/09/2013) Time (20:32) Initials (adj)

Results were repeated back to me.

Results called to:(Susan Fields)

Date (06/09/2013) Time (21:09) Initials (CBB)

Results were repeated back to me.

Staphylococcus aureus

	S.aureus	
ANTIBIOTICS	MIC	INTRP
Penicillin-G	>=0.5	R
Clindamycin	<=0.25	S
Erythromycin	>=8	R
Gentamicin	<=0.5	S
Induced Clindamycin Resistance	Neg	-
Oxacillin	0.5	S
Rifampin	<=0.5	S
Tetracycline	<=1	S
Trimethoprim/Sulfa	<=10	S
Vancomycin	1	S
Amoxicillin/CA		S
Cefaclor		S
Cefuroxime		S
Cefotaxime		S
Ceftriaxone		S
Clarithromycin		R

S=SUSCEPTIBLE I=INTERMEDIATE R=RESISTANT NS=NOT SUSCEPTIBLE

KEY FOR RESULTS:

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Discharge Report

Page 2 of 2

MSHA-Mult-CRC1



MSHA Orders Report

Pt Name: MCKEE, SHAWN
DOB: 05/08/1982
Adm DTime: 06/07/2013 19:53
Dsch DTime: 06/07/2013 23:40
Entity: Russell County Medical Center
Dx:

MRN: 800116708
Acct No: 60052060
Age/Sex: 31Y/M
Atn Dr: Bailey, Dwight MD

Order as Written	Start Date Stop Date	Electronically Signed-By Co-Signed By	Signed Date Time
US VENOUS DUPLEX LOWER EXT BILAT COMP Stat	06/07/13 21:48 06/07/13 21:48	Does not Require a Co-Signature	
<i>Electronically Entered By / Ordered By</i>			
Dwight L Bailey, MD Reason Discontinued: Visit is closed for the patient	<i>Target Co-Signer</i> null		<i>Order Type</i>
CULTURE, WOUND (includes Gram Stain) Stat	06/07/13 22:01 06/07/13 22:01	Tracy N Stevens, Registered Nurse Does not Require a Co-Signature	06/07/13 22:01
<i>Electronically Entered By / Ordered By</i>			
TracyN Stevens, Registered Nurse Dwight L Bailey, MD Reason Discontinued: Visit is closed for the patient	<i>Target Co-Signer</i> null		<i>Order Type</i> Hand Written Order
US VENOUS DUPLEX LOWER EXT LT edema, increased d dimer Stat	06/07/13 21:48 06/07/13 21:48	Tracy N Stevens, Registered Nurse Does not Require a Co-Signature	06/07/13 21:48
<i>Electronically Entered By / Ordered By</i>			
TracyN Stevens, Registered Nurse Dwight L Bailey, MD Reason Discontinued: null	<i>Target Co-Signer</i> null		<i>Order Type</i> Hand Written Order
US VENOUS DUPLEX LOWER EXT RT edema Stat	06/07/13 21:48 06/07/13 21:48	Tracy N Stevens, Registered Nurse Does not Require a Co-Signature	06/07/13 21:48
<i>Electronically Entered By / Ordered By</i>			
TracyN Stevens, Registered Nurse Dwight L Bailey, MD Reason Discontinued: null	<i>Target Co-Signer</i> null		<i>Order Type</i> Hand Written Order
CT CHEST PE PROTOCOL elevated d dimer Stat	06/07/13 21:39 06/07/13 21:39	Susan G Fields Does not Require a Co-Signature	06/07/13 21:39
<i>Electronically Entered By / Ordered By</i>			
SusanG Fields, Dwight L Bailey, MD Reason Discontinued: null	<i>Target Co-Signer</i> null		<i>Order Type</i> Hand Written Order
D-DIMER Stat	06/07/13 21:02 06/07/13 21:02	Susan G Fields Does not Require a Co-Signature	06/07/13 21:02
<i>Electronically Entered By / Ordered By</i>			
SusanG Fields, Dwight L Bailey, MD Reason Discontinued: null	<i>Target Co-Signer</i> null		<i>Order Type</i> Hand Written Order

Pt. Name: MCKEE, SHAWN
Entity: Russell County Medical Center
Adm Date: 06/07/2013 19:53

MRN: 800116708
 Page 1 of 3

Orders Report
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MSHA Orders Report

Pt Name: MCKEE, SHAWN
DOB: 05/08/1982
Adm DTime: 06/07/2013 19:53
Dsch DTime: 06/07/2013 23:40
Entity: Russell County Medical Center
Dx:

MRN: 800116708
Acct No: 60052060
Age/Sex: 31Y/M
Atn Dr: Bailey, Dwight MD

Order as Written	Start Date Stop Date	Electronically Signed-By Co-Signed By	Signed Date Time
BLOOD CULTURE Stat	06/07/13 20:36 06/07/13 20:36	Travis L. Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i>		<i>Target Co-Signer</i>	<i>Order Type</i>
Travis L. Calhoun, RN Dwight L. Bailey, MD Reason Discontinued: Visit is closed for the patient		null	Hand Written Order
CBC WITH DIFF Stat	06/07/13 20:36 06/07/13 20:36	Travis L. Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i>		<i>Target Co-Signer</i>	<i>Order Type</i>
Travis L. Calhoun, RN Dwight L. Bailey, MD Reason Discontinued: null		null	Hand Written Order
COMPREHENSIVE METABOLIC PANEL Stat	06/07/13 20:36 06/07/13 20:36	Travis L. Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i>		<i>Target Co-Signer</i>	<i>Order Type</i>
Travis L. Calhoun, RN Dwight L. Bailey, MD Reason Discontinued: null		null	Hand Written Order
CHEST W LAT, CHEST PA LATERAL COUGH,SOB No Prep Required Stat	06/07/13 20:36 06/07/13 20:36	Travis L. Calhoun, RN Does not Require a Co-Signature	06/07/13 20:36
<i>Electronically Entered By / Ordered By</i>		<i>Target Co-Signer</i>	<i>Order Type</i>
Travis L. Calhoun, RN Dwight L. Bailey, MD Instructions: No Prep Required Reason Discontinued: Visit is closed for the patient		null	Hand Written Order
BCR Stat	06/07/13 20:36 06/07/13 20:36	Does not Require a Co-Signature	
<i>Electronically Entered By / Ordered By</i>		<i>Target Co-Signer</i>	<i>Order Type</i>
Dwight L. Bailey, MD Reason Discontinued: null		null	

Pt. Name: MCKEE, SHAWN
Entity: Russell County Medical Center
Adm Date: 06/07/2013 19:53

MRN: 800116708
 Page 2 of 3

Orders Report
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Generated On: 06/08/2013 08:40

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**MOUNTAIN STATES
HEALTH ALLIANCE**

MSHA Orders Report

Pt Name: MCKEE, SHAWN
DOB: 05/08/1982
Adm DTime: 06/07/2013 19:53
Dsch DTime: 06/07/2013 23:40
Entity: Russell County Medical Center
Dx:

MRN: 800116708
Acct No: 60052060
Age/Sex: 31Y/M
Atn Dr: Bailey, Dwight MD

Order as Written	Start Date Stop Date	Electronically Signed-By Co-Signed By	Signed Date Time
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TERMS OF INTEREST

Entered By (Person Entering Order) - Top signature
 Ordered By (Provider giving the Order) - Second Signature

Order Type:

POE = Entered by Physician/PA/NP/Res/MS
 Verbal Order Read Back and Verified = Received by Nurse/Ancillary as a Verbal
 Telephone Order Read Back and Verified = Received by Nurse/Ancillary via Phone Call

Electronically Signed by (Person Electronically signing the Order entry) - Top Signature

Pt. Name: MCKEE, SHAWN
Entity: Russell County Medical Center
Adm Date: 06/07/2013 19:53

MRN: 800116708
 Page 3 of 3

Orders Report
 ORE 0149 DSCH EHR MedOSMN v2.rpt
 Generated By: Workflow
 Generated On: 06/08/2013 08:40

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MalchanoKA 1/19/2015 4:55:24 PM -05:00 Page 3 of 3

**RUSSELL COUNTY MEDICAL CENTER
58 CARROLL STREET, LEBANON, VA 24266
DIAGNOSTIC IMAGING**

Ordering Clinician:
DWIGHT L BAILEY MD
128 FLANNAGAN AVE
P O BOX 369
LEBANON, VA 24266

Attending/Primary Care Clinician:
DWIGHT L BAILEY MD
128 FLANNAGAN AVE
P O BOX 369
LEBANON, VA 24266

Patient: MCKEE, SHAWN
Med Rec #: 800116708
Admission #: 60052060
DOB: 05/08/1982
Sex: M
Status:
Class: E
Rm/Bed: -
Service: EMR
Exam Class: E
Admit Date: 06/07/2013
Corp ID: 1074185

CC:

***** Final Report *****

PROCEDURE: RUS 9132 - US VENOUS DUP LOWER EXT BIL COMP
ACCESSION NO: 7886507
DATE OF EXAM: Jun 7 2013 11:13PM RMS ORDER NO: 90003

CPT(s): 93970

ADMITTING DIAGNOSIS: BACK PAIN SHORTNESS OF BREATH

REASON FOR EXAM: ^edema

RESULT:
BILATERAL LOWER EXTREMITY VENOUS DOPPLER

INDICATION: EDEMA

TECHNOLOGIST: April A. Smith, RTR, RDMS

The deep veins were evaluated from the distal calf region through the common femoral vein. Veins are normal in caliber and normally compressible. There was normal augmentation and spontaneous phasic flow. Color flow imaging and spectral analysis was normal with no color flow aliasing or spectral broadening. Specifically no evidence of DVT.

IMPRESSION:
Normal deep venous ultrasound bilateral lower extremities. If symptoms persist, follow up in five to seven days is recommended to exclude propagation of an occult calf vein thrombus.

Technologist: April A. Smith, RTR RDMS
Original Transcriptionist: Wendy Franklin
Original Transcribe Date/Time: Jun 8 2013 6:58PM
Original Read by: CASEY D MCREYNOLDS MD on Jun 8 2013 4:45PM
Original Signed by: CASEY D MCREYNOLDS MD on Jun 8 2013 7:22PM

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Imaging Services Consultation
Printed: Jun 8 2013 7:29PM

NAME: MCKEE, SHAWN

MR#: 800116708

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**RUSSELL COUNTY MEDICAL CENTER
58 CARROLL STREET, LEBANON, VA 24266
DIAGNOSTIC IMAGING**

Ordering Clinician:
DWIGHT L BAILEY MD
128 FLANNAGAN AVE
P O BOX 369
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Patient: MCKEE, SHAWN
Med Rec #: 800116708
Admission #: 60052060
DOB: 05/08/1982
Sex: M
Status:
Class: E
Rm/Bed: -
Service: EMR
Exam Class: E
Admit Date: 06/07/2013
Corp ID: 1074185

CC:

***** Final Report *****

PROCEDURE: RRD 0112 - CHEST W LAT
ACCESSION NO: 7886454

DATE OF EXAM: Jun 7 2013 8:54PM RMS ORDER NO: 90001

CPT(s): 71020

ADMITTING DIAGNOSIS: BACK PAIN SHORTNESS OF BREATH

REASON FOR EXAM: ^COUGH,SOB

RESULT:
PA AND LATERAL CHEST

INDICATION: COUGH AND SHORTNESS OF BREATH

No prior studies for comparison.

Lateral view is degraded by motion. Heart size is normal. Lungs are clear. No pneumothorax or pleural fluid.

IMPRESSION:
No acute process.

Technologist: Loretta L. Ray, RTR
Original Transcriptionist: Wendy Franklin
Original Transcribe Date/Time: Jun 8 2013 5:46PM
Original Read by: CASEY D MCREYNOLDS MD on Jun 8 2013 3:50PM
Original Signed by: CASEY D MCREYNOLDS MD on Jun 8 2013 5:54PM

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Imaging Services Consultation NAME: MCKEE, SHAWN
Printed: Jun 8 2013 6:01PM

MR#: 800116708

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